



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Clifton A. Alferness, John M. Adams, and John Melmoth Power
Serial No.: 09/855,945
Filing Date: May 14, 2001
Title: MITRAL VALVE THERAPY DEVICE, SYSTEM AND METHOD
Examiner/Unit: Urmi Chattopadhyay / 3738
Attorney Docket No.: 1931-2

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TECHNOLOGY CENTER R3700

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class mail in an envelope addressed to: MS NON-FEE AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 5th day of September, 2003.


Signature

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is:

- ☐ A response/amendment in the above-identified application.
- ☐ The fee has been calculated as shown below:
- ☒ No additional claim fee is required.

Computation of Fee
For Claims as Amended

	Claims Remaining After <u>Amendment</u>		Highest Number Previously <u>Paid for</u>		Present <u>Extra</u>	<u>Rate</u>	Addl. <u>Fee</u>
Total Claims	46	Minus	57	=	0	x \$18/\$9 =	\$-0-
Independent Claims	4	Minus	10	=	0	x \$84/\$42 =	\$-0-
Total additional fee for this amendment							\$-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

_____ Check No. _____ in the amount of \$_____ for the additional claim fee is enclosed.

_____ Charge \$_____ to Deposit Account No. _____. A copy of this sheet is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

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